

I hereby Request the Following:

Check

- 1) Combine ☐ (The Titles Are Identical on all Parcels)
- 2) Split ☐
- 3) Other ☐

Date: _____

Information Taken By: _____

Representing Office of Property Appraiser ☐ Collector ☐

Parcel Number: _____

Parcel Number: _____

Parcel Number: _____

Parcel Number: _____

Parcel Number: _____

Parcel Number: _____

Request Made by: Check One Owner ☐ Agent ☐ Other: ☐

Name: _____

Printed

Signature

Phone Number:

Home: _____

Office: _____

Fax #: _____

Other: _____

Pertinent Notes:

=====

Completed by Appraiser:

Name: _____

Printed

Signature

Date: _____